

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
**CHANGE OF ADDRESS FORM**

DO NOT WRITE IN THIS AREA

**03**

NAME:

**GE/WH/TA/RV ID. NO.** \_\_\_\_\_

**PLEASE CHANGE MY:**

☐ MAILING ADDRESS TO:

☐ BUSINESS ADDRESS TO:

\_\_\_\_\_  
c/o or "In care of"

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code + 4

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code + 4

\_\_\_\_\_  
Phone No. ( ) (Business)

\_\_\_\_\_  
( ) (Residence)

**NOTE:**

If you would like your withholding and/or transient accommodations and/or rental motor vehicle & tour vehicle surcharge booklet(s) mailed to an address other than the one listed above, please fill out the following:

☐ Separate Withholding Tax mailing address:

☐ Separate Transient Accommodations Tax mailing address:

\_\_\_\_\_  
c/o or "In care of"

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code + 4

\_\_\_\_\_  
c/o or "In care of"

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code + 4

☐ Separate Rental Motor Vehicle and Tour Vehicle Surcharge Tax mailing address:

\_\_\_\_\_  
c/o or "In care of"

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code + 4

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**— MAILING ADDRESSES —**

OAHU DISTRICT OFFICE  
P.O. BOX 1425  
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE  
P.O. BOX 1427  
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE  
P.O. BOX 937  
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE  
P.O. BOX 1687  
LIHUE, HI 96766-5687

THIS SPACE FOR DATE RECEIVED STAMP